EMERGENCY PLAN: PSYCHIATRIC RELAPSE

1. Review Warning Signs Rating Sheet with support persons to determine whether a health-care provider should be notified.
   NAMES OF SUPPORT PERSONS    TELEPHONE NUMBERS
   ________________________________  __________________________
   ________________________________  __________________________
   If support persons are not available, go to Step 2.

2. Contact a health-care provider to determine whether the doctor should be notified.
   NAMES OF HEALTH-CARE PROVIDERS    TELEPHONE NUMBERS
   ________________________________  __________________________
   ________________________________  __________________________
   If health-care providers are not available, go to Step 3.

3. Contact doctor to determine whether a clinic visit is necessary.
   NAMES OF DOCTORS    TELEPHONE NUMBERS
   ________________________________  __________________________
   ________________________________  __________________________
   If doctors are not available, go to Step 4.

4. Go directly to the clinic and ask to see a doctor or someone who can do an immediate evaluation.
   NAMES OF CLINICS    TELEPHONE NUMBERS
   ________________________________  __________________________
   ________________________________  __________________________
   If clinic is closed, go to Step 5.

5. Go directly to a hospital emergency room and ask to see a doctor who is familiar with psychiatric symptoms.
   NAMES OF HOSPITALS/ER    TELEPHONE NUMBERS
   ________________________________  __________________________